BRIEFING PAPER

Sex Work & Mental Health:

Overview of factors impacting sex workers' mental health and access to services in Europe and Central Asia

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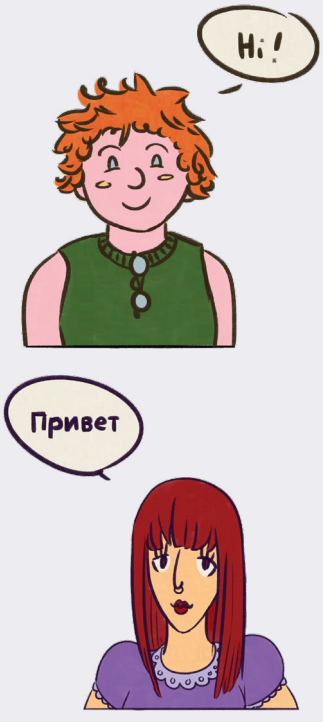
INTRODUCTION

The issue of sex work and mental health is complex. Sex workers, like many other individuals, and in particular marginalised groups, may suffer from mental health issues. Mental health issues can arise from previous or parallel causes that are not related to sex work as well as from sex work and the context in which it happens. The issue of mental health has been long used by the anti-sex work movement to sustain the rhetoric that sex work causes mental health issues and should therefore be banned, while sex workers and their clients need to "recover" from the inherent harm of sex work.

The COVID-19 pandemic and the lockdowns have strongly affected the general population's mental health and have highlighted the impact of social isolation on mental health. Sex workers already struggling with isolation and stigma have been pushed further to the margins due to increased financial difficulties, violence and health risks. Even though sex worker-led organisations have done a tremendous work to support their peers in financial, administrative, social and emotional ways (Fedorko et al. 2021)[1], many sex workers have struggled on all levels during this pandemic. On the other hand, the COVID-19 crisis has shed light on mental health issues within the sex worker community and their underlying potential causes.



This briefing paper aims to investigate the mental health needs of the sex worker community, exploring structural factors, coping mechanisms and best practices to address mental health issues. To develop this briefing paper, The European Sex Workers' Rights Alliance (ESWA) first investigated the existing literature in the field of sex work and mental health. Second, ESWA conducted research using two different methods: an online e-consultation open to all ESWA members and two sex-worker-only focus groups to explore the issues more in-depth. The e-consultation collected answers from 16 ESWA member organisations on a total of 18 questions. The focus groups involved eight sex workers and took place in English and Russian.

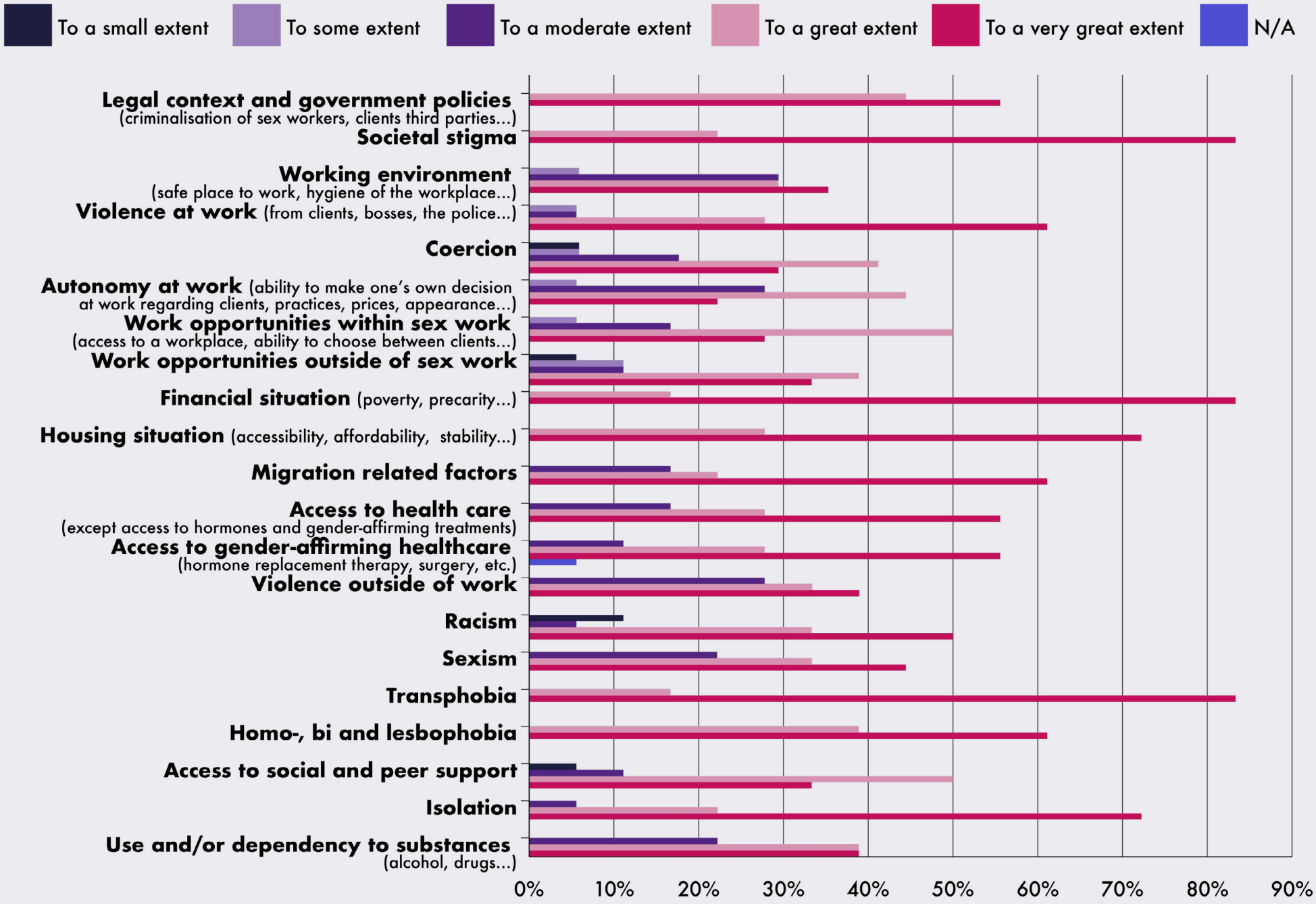
This briefing paper is organised in four sections. The first deals with the diverse factors impacting on the mental health of sex workers; the second with the obstacles sex workers face accessing appropriate mental healthcare; the third with coping mechanisms and best practices within the community, while the fourth section focuses on recommendations to mental health practitioners and structures, as well as on policy-relevant recommendation and recommendations to funders.

FACTORS IMPACTING THE MENTAL HEALTH OF SEX WORKERS

Sex workers may struggle with mental health issues for many reasons that can be related to their work, as well as completely separate from it. In the same way as the general population, sex workers may face mental issues related to traumas that are not related to their work but to other structural or interpersonal factors. Recent research conducted specifically with sex workers with mental health issues indicated that large numbers of participants experienced those problems prior to starting sex work. For many of these, sex work was seen as one viable option to gain or seek financial stability, as they faced barriers to obtaining and keeping mainstream work due to their mental health needs (Macioti et al., 2021[2]).

There are however several structural factors particularly affecting the mental health of sex workers. Structural factors are aspects related to the environment sex workers live and work in. They include stigma, criminalisation (of sex work and migration in particular), poverty, homelessness and poor working conditions. Other factors impacting on sex workers' mental health are violence in and outside work and factors linked to further intersectional marginalisation (e.g. based on gender identity, residence status, sexuality, race, ethnicity, age etc.)

Figure 1. Factors impacting the mental health of sex workers


To a small extent
To some extent
To a moderate extent
To a great extent
To a very great extent
N/A
Legal context and government policies (criminalisation of sex workers, clients third parties...)
Societal stigma
Working environment (safe place to work, hygiene of the workplace...)
Violence at work (from clients, bosses, the police...)
Coercion
Autonomy at work (ability to make one's own decision at work regarding clients, practices, prices, appearance...)
Work opportunities within sex work (access to a workplace, ability to choose between clients...)
Work opportunities outside of sex work
Financial situation (poverty, precarity...)
Housing situation (accessibility, affordability, stability...)
Migration related factors
Access to health care (except access to hormones and gender-affirming treatments)
Access to gender-affirming healthcare (hormone replacement therapy, surgery, etc.)
Violence outside of work
Racism
Sexism
Transphobia
Homo-, bi and lesbophobia
Access to social and peer support
Isolation
Use and/or dependency to substances (alcohol, drugs...)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%

STIGMA

> *"The fear of losing things, your family, relationships and your children, basically your status in the society if you come out or if someone outs you, it take a lot of energy."* Sex worker, Finland

The main structural factor impacting the mental health of sex workers is stigma. Previous research shows that societal stigma is the most commonly shared burden associated with sex work (Macioti et al., 2021[2]) regardless of gender and sexual orientation (Macioti et al., 2017[3]). Stigma involves discrediting a person or group based on a perceived attribute, behaviour or reputation associated with them (Fitzgerald-Husek et al., 2017[4]). In her early study on burnout and sex work, Vanwesenbeeck states that negative reactions from social circles to doing sex work are an important factor in burnout (Vanwesenbeeck, 2005[5]). As confirmed by one participant in the focus group: "People see sex work as something lower or something worse" (sex worker, Finland). Stigma towards the sex industry is widespread and is directly tied with the position of sex workers within society. Sex work stigma intersects with other stigmas affecting diverse sex workers because of their class, race and ethnicity, sexual orientation and gender identity, drug use, disabillities, as well as mental health itself.

Societal stigma impacts the mental health of sex workers to a very great extent according to 83% of our survey respondents and it emerged as the most impacting factor during the focus groups. Concretely, stigma means that many sex workers fear being outed about their work to friends, family members, random people, healthcare professionals, social services, teachers, authorities, work colleagues in other jobs, and so forth. A participant in the focus group indicated that being outed meant losing social status. Other sex workers in our study reported that stigma meant not being able to lead a 'normal life':

> *"The impossibility to build your life, to have a family, a husband, children and so on, the stigma of the society because you are not built for the system."* Sex worker, Ukraine

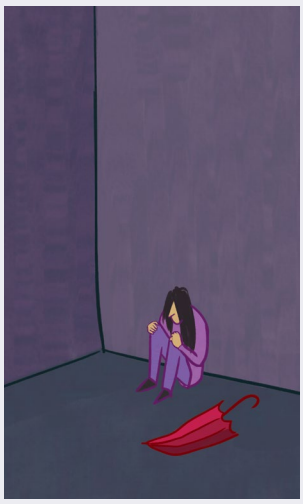
Stigma also means for many having to live a 'double life':

> *"I fear losing my other job so I have to live a double life like many of us do."* Sex worker, Finland

> *"Isolation becomes a survival mechanism."* Red Umbrella Sweden

> *"Sometimes you have to stop the communication [with friends and relatives] because they won't accept you."* Sex worker, Ukraine

Social isolation and loneliness strongly impact the mental health of sex workers (more than 70% of the respondents thought that isolation impacts mental health *to a very great extent*). The modality of sex work can also influence their ability to work with colleagues vs working alone. Participants in the focus groups indicated that the loneliness inherent to escorting was difficult to handle, while a participant working on the streets with colleagues mentioned enjoying working with people around.



> *"When you enter this industry the lack of information is so huge and you are so so alone."* Sex worker, Finland

Another impact of stigma on mental health is the underlying assumption that sex workers are victims.

> *"As sex workers we are not asked our opinions, we are not heard, it is others who make the decisions and people think somehow that we are incapable of choosing for ourselves. We are not asked what we think is the best for us."* Sex worker, Finland

This infantilisation of sex workers may create negative self images and negatively impact their mental health.

Stigma acts as an umbrella factor that intertwines with many other structural factors influencing the mental health of sex workers, such as criminalisation or violence.

SEX WORK CRIMINALISATION

An important factor leading to but also emerging from stigma is the criminalisation of sex work. The position of sex workers within society highly depends on the legal status of sex work. The criminalisation of sex workers,

third parties or clients directly impacts sex workers's health and well-being by further marginalising them (Platt et al., 2018[6]). Criminalising sex work sends the clear message that sex work is not work and that sex workers are either criminals or powerless victims, unable to make decisions about themselves. Large sections of sex workers are also affected by other forms of criminalisation, such as the criminalisationof drug use and of migration.

In their research with 118 sex workers in Germany, Italy, Sweden and UK, Macioti et al. (2021)[2] indicate that the criminalisation of sex work (including of clients) is directly linked to increased stigma towards sex workers, which in turn affects their mental health and their access to mental health care and even to peer support.

VIOLENCE

Social isolation, stigma and the lack of a supportive legal environment are factors that increase the risk of violence, which negatively impacts the mental health of sex workers. Outing oneself does not only mean losing social status but can also lead to violence:

> *"Sex workers are stigmatized to the degree that their safety is at risk when they out themselves."* Red Umbrella Sweden

Harmful laws that criminalise sex work negatively impact the negotiating power of sex workers when dealing with clients, exposing them to a higher risk of violence and trauma and to precarious or exploitative working conditions. Those factors play an important role in the mental health of female sex workers as found in previous research (Rössler et al., 2010[7]; Krumrei-Mancuso, 2017[8]). Violence has in fact been reported as impacting the mental health of sex workers to a very great extent by over 60% of our survey respondents.

In many countries, sex workers mostly face violence from the police, as reported by ESWA member and sex worker-led organisation Tais Plus in Kyrgyzstan: "out of 333 cases documented in 2020 most was violence by the police." The main types of violence and human rights violations by the police are extortion, arbitrary detention, threats and blackmail, humiliation and degrading treatment.

> *"You are afraid of the police much more than the psychopaths and burglars and anyone else because the police in Ukraine is more dangerous than all this."* Sex worker, Ukraine

> *"Until we reach decriminalisation we are not going to achieve better lives because corruption is high and the police is going for us because that is what is in their plans. They try to go for indicators and disregard people."* Sex worker, Ukraine

Even when violence is not perpetrated by police itself, the criminalisation of sex work and of migration prevents most sex workers from reaching out to police when they are victims of violence, as they fear repraisal against them (Mai et al. 2021[9]). Sex work criminalisation, including the criminalisation of buyers of sexual services as in the Swedish Model, has also been found to increase the vulnerability of sex workers to violence: it increases their financial precarity and marginalisation, leading sex workers to take more risks such as doing less or no screening with potentially violent clients and accepting certain practices that they would have previously not accepted (Giametta et al., 2018[10], SWARM et al., 2019[11]).

Violence, as well as the ongoing tension caused by the fear of violence undoubtedly have a serious impact on mental health.

> *"I was in constant tension because I didn't know what would happen next, what he would do to me. You never know who this person is that you meet. He can rob you, he can hit you, he can kill you."* Sex worker, Ukraine

> *"Denying rights to sex workers expose them to violence."* Sex worker, Collectif des femmes de Strasbourg Saint Denis, France

INTERSECTING IDENTITIES

Stigma and violence are even more prevalent for sex workers with intersecting marginalised identities such as LGBTI, racialised or migrant sex workers. Transphobia in particular has been reported by 83% of our survey respondents to impact sex workers' mental health to a very great extent. Participants in the focus groups reported fear of walking in the street as a trans person and some reported suffering from blackmailing by the police:

> *"Transphobia makes everything more dangerous. And the police uses this as well, to intimidate transsexuals: 'everyone will know if you don't do what we say. We will tell your family, your parents, your neighbours, everyone'. If you rent an apartment you try to hide it because you can lose the apartment. They have a lot of tools to blackmail you. And the society as well, they hate you: I received threats on the phone."* Sex worker, Ukraine

The risk of violence both at work and in the domestic sphere were reported as factors greatly impacting the trans sex worker community (Trans sexworks*, Berlin).

Sex worker organisations specifically working with trans sex workers in Turkey and in Germany also reported unstable housing as an important factor impacting trans (and migrant) sex workers' mental health. In Berlin, many trans women engaging in street based sex work share rooms in run-down hotels and struggle with lack of privacy and the constant pressure to make enough money to afford the room, a situation that became even worse during COVID-19 lockdowns.

Homo-, bi- and lesbophobia are also factors reported to impact mental health of sex workers to a very great extent for more than 60% of the respondents to our survey.

Migrant sex workers who are undocumented or lack valid documents also suffer from increased stress due to fear of sanctions, arrest and deportation. For example, in Sweden, migrants sex workers are estimated to be 70-80% of all sex workers; they are more targeted by law enforcement than their Swedish colleagues and can face deportation for working in the sex industry, as reported by Red Umbrella Sweden. In Spain, the sex worker-led organisation OTRAS indicated that during lockdowns many undocumented sex workers were not able to go out shopping for groceries as they were concerned about being targeted and detected by the police trying to enforce lockdown measures.

OTHER STRUCTURAL FACTORS

Stigma also affects sex workers' mental health when they fear losing child custody, other work they may depend on, or housing due to their sex work. Over 70% of respondents to our survey indicated (lack of) housing accessibility, affordability and stability as factors impacting on their mental health to a *very great extent*. It is important to note that this factor is often linked to, but not only related to sex work itself.

Access to housing is strongly linked to financial stability, which in turn impacts sex workers' mental health to a very great extent according to 83% of the respondents in our survey. The need for financial stability is particularly crucial for sex workers who are primary providers for their families, which is likely to be a majority of sex workers. A 2018 national survey in Kyrgyzstan indicated that 73% of sex workers have dependents (children and parents) whom they support.

The COVID-19 crisis has shown to which extent sex workers live in precarious financial situations (ICRSE & SWAN, 2020[12]). Some sex workers needed to keep working despite legal and health threats because of the absence of any other source of income. When sex work is the only source of income for sex workers and their families, sex workers are more likely to work in precarious and dangerous conditions, which strongly impacts their mental health (Macioti et al., 2021[2]). Some sex workers also struggle with debts, a significant factor further burdening their mental health.

Bad working conditions are another clear factor affecting sex workers mental health (Macioti et al. 2021[2]; Macioti et al. 2017[3]). These include, among others, the absence of a safe environment to work, unsupportive or exploitative managers and operators, insecure labour arrangements and the lack of workers' protection and social security. They range from precarious working conditions to exploitation and trafficking experiences, and can strongly affect sex workers' mental health. Recognising sex work as work through decriminalisation is the first, necessary step towards improving sex workers' mental health, as it would help achieving safer working conditions, as well as acknowledgment in society and improved access to support and health care.

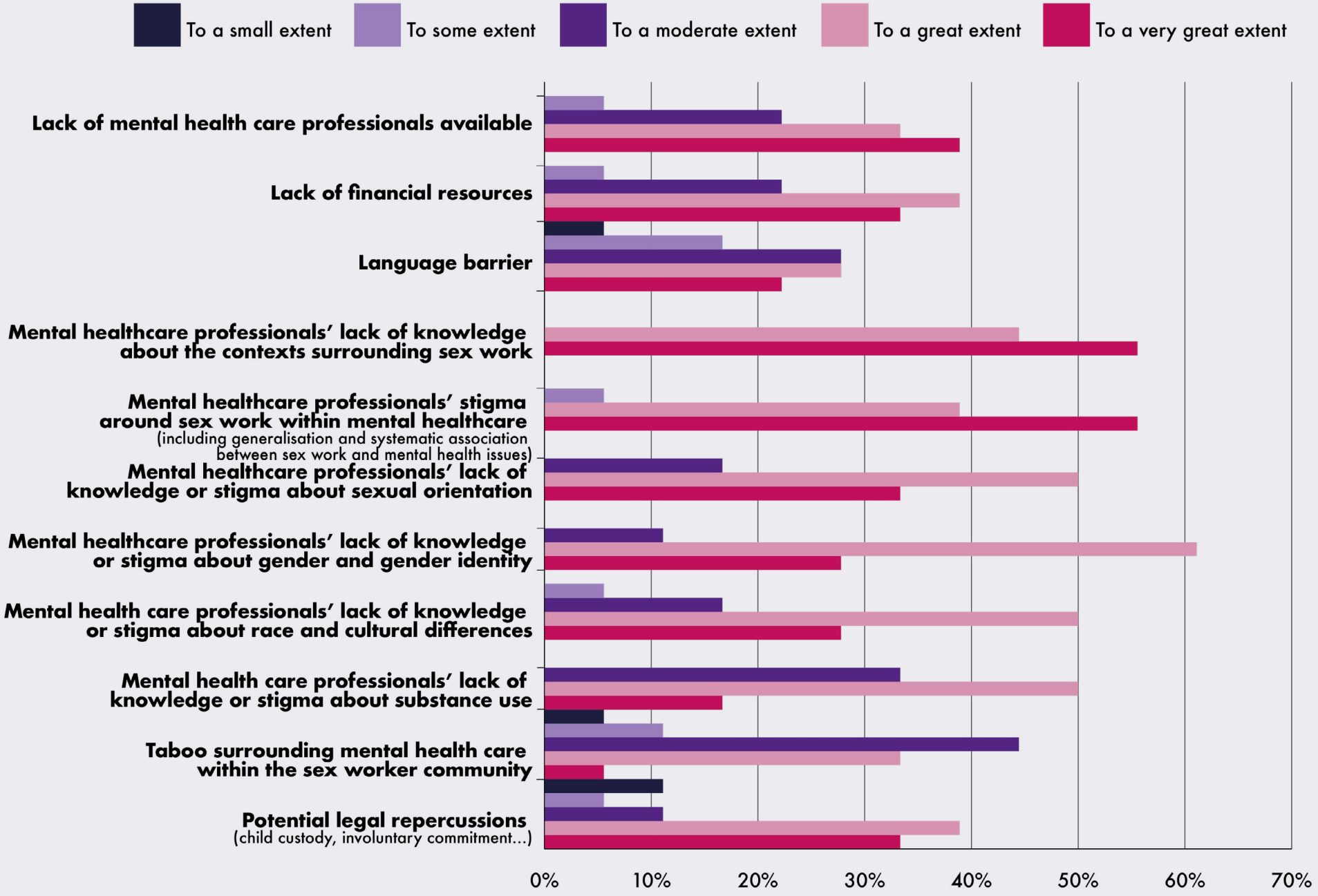
ACCESS TO MENTAL HEALTH SERVICES FOR SEX WORKERS

Stigma against sex workers is also a main factor affecting sex workers' access to (helpful) mental health support. In fact, mental health care professionals' lack of knowledge about sex work and their preconceptions against sex workers are the main obstacle faced by sex workers in accessing quality mental health care. This is combined with professionals' insufficient knowledge and preconceptions about other issues that concern many sex workers, such as gender identity, sexual orientation, race and cultural differences, and the use of substances.

The fear of potential legal repercussions and the lack of financial resources are also factors that prevent sex workers from seeking mental health care.

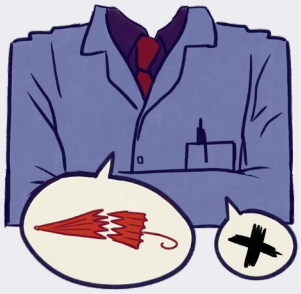
Sex workers are addionally burdened by general barriers to accessing affordable mental health care. In countries such as Sweden, Finland, the Netherlands, Poland or Germany, a shortage of accredited mental healthcare professionals causes long waiting lists for patients and requires excessive paperwork, deterring many from looking for help. Some sex workers try to look for counsellers or therapists in the private sector. While some sex workers report being able to afford therapy thanks to sex work, many do not even consider it, because of lacking financial resources and/or a health insurance. More than 30% of respondents in our survey reported that the lack of financial resources is an important obstacle to accessing appropriate mental health care.

Figure 2. Obstacles faced by sex workers to access appropriate mental health care


To a small extent
To some extent
To a moderate extent
To a great extent
To a very great extent
Lack of mental health care professionals available
Lack of financial resources
Language barrier
Mental healthcare professionals' lack of knowledge about the contexts surrounding sex work
Mental healthcare professionals' stigma around sex work within mental healthcare
(including generalisation and systematic association between sex work and mental health issues)
Mental healthcare professionals' lack of knowledge or stigma about sexual orientation
Mental healthcare professionals' lack of knowledge or stigma about gender and gender identity
Mental health care professionals' lack of knowledge or stigma about race and cultural differences
Mental health care professionals' lack of knowledge or stigma about substance use
Taboo surrounding mental health care within the sex worker community
Potential legal repercussions
(child custody, involuntary commitment...)
0%
10%
20%
30%
40%
50%
60%
70%

LACK OF KNOWLEDGE AND STIGMA AROUND SEX WORK

A major obstacle to accessing appropriate mental healthcare for sex workers are the lack of knowledge and the stigma surrounding sex work among mental healthcare professionals. 55% of the respondents of our survey classified both lack of knowledge and stigma as factors impacting access to mental healthcare to a very great extent. Macioti et al. (2021)[2] found similar results: 58% of the sex workers who disclosed their work in therapy had bad, judgemental and stigmatizing experiences.



> *"They don't know the reality of sex work and so they judge based on what they hear."* Sex worker, Collectif des femmes de Strasbourg Saint Denis, France

Sex workers in the focus groups reported that therapists often over-pathologize them, assuming that sex work and abuse are automatically related and that sex work is necessarily detrimental to one's mental health. This can lead to sex workers having to perform emotional labour with their therapist, instead of receiving support themselves, as mentioned by several sex workers during the focus groups:

> *"You have to appease them about sex work."* Sex worker, Collectif des femmes de Strasbourg Saint Denis France

> *"Often the sex workers have to educate and do emotional labour for the therapist in sessions."* Sex worker, Hydra, Germany

An example of lack of knowledge and stigma around sex work is the widespread assumption that sex workers are unable to properly raise children and make their own decisions about their lives.

The lack of knowledge and stigma around sex work can be very detrimental for sex workers in therapy. Some sex workers reported being pressured to leave sex work by their therapists (James et al, 2020[13]), or being advised to out themselves to their surroundings even though they could face legal consequences when doing so, especially in countries where sex work and migration are criminalised. Some sex workers in the focus groups reported facing therapists who breached confidentiality by filing the occupation of their patient in their health records, even when explicitly asked not to do so. This

information can then be accessible by other healthcare providers and social workers and have hugely detrimental consequences such as losing custody of one's children or, for undocumented migrants, facing deportation.

> *"If you are trying to find help the risks are great, if you find someone who maybe could understand, the risk is still huge. I have done it with a psychiatrist. I asked him not to write it anywhere and he wrote it on all my papers and they were sent to a place to get government support and I don't know how many people read it. He also wrote down that I smoked pot as a teenager and he wrote them next to each other as if they had something to do with each other."* Sex worker, Finland

> *"It happened to me as well and I had to ask him to remove it and it didn't go further."* Sex worker, Finland

This illustrates how going to therapy can actually have dire consequences for sex workers' mental health and cause further traumas:

> *"Anyone who fears being deported or losing their children because of their job or/and their experiences cannot possibly feel safe to work through their mental health issues."* Sex worker, Hydra, Germany

Sex workers who are seeking help are already in a vulnerable position. Societal stigma, including stigma from mental healthcare providers, can result in sex workers internalising the stigma against them. Internalised stigma leads sex workers to think that something is inherently wrong with them:

> *"Due to external stigma sex workers experience internal stigma, self stigma and, from inside, you consider yourself to be a marginal person."* Sex worker, Kyrgyzstan

> *"I have been in the mental healthcare system for a bit over ten years and I thought I was a bad patient."* Sex worker, Finland

As a consequence of societal stigma, which constructs sex workers as inherently problematic and mentally unwell, sex workers face shame and internalised stigma when needing mental health support, which may prevent them from seeking help when they most needed it. Tais Plus explains that in Kyrgyzstan it is hard for sex workers to reach out even when there is a possibility for them to receive free mental healthcare:

> *"Because this [sex work] is shameful you are not gonna try to find help."* Sex worker, Finland

The fear experienced by sex workers contributes to feeling of distrust towards mental healthcare professionals and some sex workers do not even look for help for this reason:

> *"I don't think they can help us, they don't understand what we are going through."* Sex worker, Ukraine

INTERSECTING IDENTITIES

Sex workers belonging to particularly marginalised communities face further barriers to accessing mental health support. Sex worker-led organisations in Germany and in Turkey reported that many trans street based and migrant sex workers do not have public or private health insurance.

ESWA's survey respondents reported lack of knowledge or stigma related to gender and gender expression (61%), sexual orientation (50%), race and cultural differences (50%) and substance use (50%) as factors influencing access to appropriate mental healthcare *to a great extent*. It is harder for people facing multiple stigmas to find knowledgeable, non-judgemental therapists.

> *"There is no comprehensive education for the experts who work with the community. There is a taboo towards especially trans sex workers."* Sex worker, Hydra, Germany

Sex worker organisations working with migrants also mentioned difficulties finding therapists with the appropriate language skills.

In sum, stigma, which is already the biggest factor affecting the mental health of sex workers, is also greatly affecting sex workers, and particularly those facing multiple marginalisation, in accessing appropriate, helpful mental health support. What is most problematic is that, because of stigma and lack of knowledge, most mental health services would be detrimental to sex workers' mental health. This highlights the urgency of addressing these

issues by radically reforming and improving the mental health system, and by implementing policy and law reforms in support of the recognition and inclusion of diverse sex workers in society.

> *"The system hurt me more than sex work."* Sex worker, Finland.

> *"I want to be treated with respect."* Sex worker, Ukraine.

COPING STRATEGIES AND SEX WORKER-LED INITIATIVES

In order to cope with stigma, mental health issues and distress, sex workers have identified different coping mechanisms and strategies to help themselves, such as learning how to set boundaries at work or opting to come out as sex workers and consciously reject stigma. Some sex workers report use substances such as drug or alcohol to self medicate (Macioti et al., 2021[2]). ESWA's focus group participants mentioned further coping mechanisms such as shopping, buying flowers for oneself, walking in nature or having a pet. One participant dived into self psycho-education in order to understand herself and her needs better, after several strong negative experiences in the mental healthcare system. Another participant indicated that after changing her papers to match her gender identity, she was able to study again and this gave her a greater sense of self-esteem:

> *"Many sex workers don't go to psychologists because they don't trust psychologists, they don't trust that they can provide assistance. I go to see a therapist but I also study psychology right now that I have changed my documents. It is important for me personally because I have faced issues of mental health. In the future I would like to provide counseling for the community."* Sex worker, Kyrgyzstan

Peer support and community networks are critical to cope with mental health issues (Macioti et al., 2021[2]). All of our focus group participants mentioned the importance of peer-to-peer support, as sex workers are best equipped to understand each other:

> *"Peer support is worth gold. If there are some bad things happening with clients then this is the place to get understanding and where others tell you that you are okay. That is more helpful than going to some public healthcare doctor where you never know what is gonna cone out from them."* Sex worker, Finland

Some community projects and organisations known to or members of ESWA provide support that helps with mental health issues, even if mental health is not the primary focus of their work. For example, trans sex works*, an organisation that works with majority migrant Berlin-based trans sex workers, provides space for sex workers "to rest, sleep and have privacy", which is key to everyone's mental well-being.

During the first COVID-19 crisis, RFSL, a LGBTI Swedish organisation, provided free online psychological support for trans sex workers in addition to access to an endocrinologist as well as the provision of sanitary products. Sex Work Polska in Poland directly pays therapists to provide free counselling for sex workers in a safe environment.

In Kyrgyzstan, Tais Plus utilised part of their limited funding to offer free counselling for sex workers, while a local LGBTI organisation provides support groups accessible to trans sex workers. Kyrgyz Indigo, one of the largest human rights organisations in Central Asia, together with the United Nation Population Fund (UNFPA) developed a document in Russian to support the mental health of activists, that was accessed by sex worker organisations: "Guidelines for the prevention of emotional burn-out for activists from key populations in crisis/emergency including COVID-19."[14]

In Portugal, Espaço Intendente is a community-based project directed at sex workers, trans people, migrants and homeless people. They provide free and anonymous STI testing, mental health services, counselling and referral to other health services. The project has been well received by sex workers. The services provided are very quick when it comes to providing a mental health professional or access to medication. The service takes an approach of not victimising or pathologising sex workers and is free, anonymous and done regardless of regular or irregular migration status.

Participants in the focus groups emphasised the importance of creating communities and safe places for sex workers. In general, spaces where sex workers can meet and talk are very important to fight isolation and exchange in an informal manner.

For instance, Hydra, a Berlin-based sex worker-led organisation offers financial compensation to sex workers for organising free workshops for other sex workers. During COVID-19 lockdowns, individual sex workers have offered free online yoga classes for and by sex workers.

Other initiatives compile and provide lists of sex worker-friendly therapists or educate therapists on the topic of sex work. Among these are the Pineapple Support Society, an online platform for sex workers and LGBTI people that helps them find the right therapist; the Pink Life LGBTI Solidarity Association in Turkey, National Ugly Mugs in the UK, and Roter Stöckelschuh in Germany. ESWA also eveloped a programme to support sex workers' mental health during the pandemic. The ESWA mental health project funded by ILGA Europe offered free support for sex workers in the form of webinars open to all ESWA members on topics such as anxiety, addiction, sexual violence, suicide and body image. Parallely to the workshops, a closed group composed of LGBTI sex workers rights activists also met on a regular basis with therapists, in order to support each other for the duration of the project.

RECOMMENDATIONS

In line with exisiting community-inclusive research on sex workers' access to mental health services (Macioti et al., 2021[2]) the findings of the ESWA survey and focus groups point to the following recommendations:

Recommendations to mental healthcare professionals

- Do not ever assume sex work is the reason for any mental health issue experienced by sex workers. Always ask your sex worker client if they would like to speak about their sex work: unless your clients wants you to to, do not focus on sex work in your therapy.
- Be open and listen to your sex worker client. Sex workers who reported having good experiences in therapy said that their therapist was keen to know more about sex work and open to hear from them whether their problems were linked to sex work or not.
- Deconstruct and reflect on your own bias around sex work. This includes deconstructing prejudices and stigmas related to sex work, non-normative sexualities, gender diversity, race, migration and drug use. Sex workers are not a homogenous group, listen to different sex workers with different lived experiences.
- Educate yourself. Read sex worker-led research about mental health and sex work. Follow trainings run by sex workers. Connect with other professionals who collaborate and work with sex workers and other marginalised communities.
- Always apply your code of conduct related to confidentiality. Do not disclose the work of a sex worker without their consent to anyone, and never record it in shared health records.
- See here[15] for further guidelines for therapists dealing with sex workers.

Recommendations to mental healthcare structures:

- Deconstruct bias related to sex work but also related to sex, gender and gender roles, race, sexual orientation and drug use within your structure. Set up surveys, focus groups, counselling and training for your practitioners, to assess and challenge their own stigmas and bias about sex and sex work, gender and gender roles, race, sexual orientation.
- Set up trainings for your mental health practitioners run by sex workers. Contact a sex worker-led organisation, pay sex workers for their expertise.

General policy-relevant recommendations to governments:

- Decriminalise sex work. This includes sex workers in all sectors as well as migrant sex workers, clients and third parties. Acknowledge sex work as work, support the self-organisation and unionisation of sex workers, and regulate it according to labour laws. Decriminalisation is the first step towards de-stigmatisation, which is correlated with less violence and better access to health for sex workers.
- Recognise sex work as work, provide sex workers access to labour rights, and support the self-organisation and unionisation of sex workers.
- Always consult with and involve sex workers' organisations and communities in the development of any laws and policy that directly or disproportinately impacts them.
- Introduce anti-discrimination laws for sex workers and ensure their successful application. Eliminate the unjust application of laws, sanctions and regulations used against sex workers. Sex workers should access health care services without fear of possible consequences such as being outed, being fired from other jobs or losing the custody of their children
- Fund sex worker-led organisations. They know best what the sex worker community needs.

Health specific policy-relevant recommendations to governments:

- Implement a firewall between immigration authorities and health services. Undocumented migrants should be able to seek health care without fear of being deported.
- Direct more funding into the (mental) healthcare system. Fund the training and work of more (mental) health practitioners. Ensure free (mental) health care provision for marginalised populations such as sex workers.
- Include sex workers and their organisations in the development of national action plans related to mental health.
- Fund sex workers and sex worker organisations to provide training to mental health practitioners, or fund mental health structure to pay for sex workers-led trainings.
- Incentivise programs and training opportunities for sex workers who wish to become certified counsellors or mental health practitioners.
- Set up sex worker-led health care structures. Pay sex workers for their expertise. Involve sex workers in decision making and give them leadership positions.

Recommendations to the European Commission

- Include sex worker-led organisations and networks in policy-making and consultations in all policy areas affecting sex workers.
- Fund sex worker-led and other key population-led organisations at national and regional levels.

Recommendations to funders

- Fund sex worker-led national organisations as well as regional and global networks. Funding should not be bound to the provision of specific services and projects but include sustained, wide ranging community support and advocacy funding.
- Consult with sex workers and their organisations about the needs of their communities. Adapt to those needs instead of requiring community organisations to adapt to your assumptions and expectations in order to receive funding.
- Fund community-led research about sex work and mental health.

Recommendations to researchers

- Develop research proposals in partnership with sex worker-led organisations to ensure that community priorities are reflected in research designs.
- Involve sex workers in all steps of the research. Work together with sex worker-led organisations. Hire sex workers as peer-researchers and interviewers.
- Pay sex workers for their labour and expertise, including as interviewees.
- Ensure the dissemination of the research findings in partnership with sex worker-led organisations and beyond academic circles.

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